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No. 3.

ASTRINGENTS IN THE TREATMENT OF CHOLERA.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR.—The Asiatic cholera is said to be again progressing through our country, and, as in times past, we are informed through the Medical Journals, and the newspapers generally, of the best methods of treating that hitherto fatal disease. The plans of treatment have been somewhat various, but the lack of success has been signally uniform. Why should it be otherwise, when erroneous pathological opinions have misled practitioners, and the treatment most obviously indicated, and which alone can prove generally successful, has scarcely been noticed by the profession? The disease is an extraordinary one—speedily fatal—mocks the ill-directed efforts of the physician; therefore extraordinary remedies, recommended by extraordinary men, have been sought after and administered, and honestly believed to be the only reliable curative means within the reach of medical men. But failure has been the result, of which, in 1832, for a time I had painful experience in my own practice. Becoming satisfied of the inefficiency of these “best modes of treatment,” I resorted to a plan which was published in your Journal in the month of November (I believe), 1832, which was attended with almost invariable success. The year 1834 gave still further opportunity of testing my plan of treatment, which succeeded equally well as formerly, not only in the hands of neighboring practitioners, but in the hands of the common people, many of whom, when attacked, treated themselves successfully, without calling in medical aid. I refer you, also, to the editorial remarks in your Journal on my communication above alluded to, and think it not unreasonable to request that you publish this letter, and re-publish that communication *entire*. Justice to myself as the first promulgator of an efficient method of treating cholera—justice to yourself, as an impartial journalist—to the profession of which we are members, and to the public, require their publication. That treatment, based on the principles laid down in that communication, will succeed, I confidently affirm; whilst any treatment not based on such principles cannot be attended with satisfactory results. I speak strongly, because I feel strongly on this important subject, and respectfully, but earnestly, invite my professional brethren to make a thorough trial of the remedies, assuring them that if the trial be made with a zeal and energy propor-

tioned to the emergency, their efforts will be crowned with triumphant success.

Yours respectfully,

*Aurora, Kane Co., Ill., Jan. 16, 1849.*

DANIEL EASTMAN.

[The article referred to by Dr. Eastman is copied, agreeably to his request, from the Journal of Nov. 7, 1832. The few of our readers who already have the volume containing it, will excuse its re-publication, when they consider that it is not merely the announcement of a theory in regard to the treatment of cholera, but a statement by a respectable physician of its successful application to practice, and as such, worthy the consideration of every practitioner.—ED.]

SIR.—I send you some remarks of mine on spasmodic cholera. They were drawn up during a great hurry of business, and consequently I could give but a brief sketch of the subject, either as respects the symptoms of the disease, or its treatment.

Since making the above-mentioned communication, I have treated about twenty cases; and as the disease was on the decline, have had a better opportunity of observing the effects of the remedies which I administered—the consequence of which has been, that my confidence in the utility of the mode of treatment which I pursue has been very much increased. I have treated and cured many cases (and lost some of course), after the spasms had been severe in all the extremities; when the countenance had become much sunken, with large livid or brownish areolæ round the eyes, blueness commencing on the chin, the extremities in a profuse cold perspiration, integuments of the hands corrugated, and the voice changed, first to a "wailing tone," becoming gradually more hoarse and squeaking, till the articulation became so difficult and indistinct as to be nearly unintelligible. Cases, however, that have progressed to this degree, especially before the patient has had the benefit of remedies, which most frequently happens in country places, may be considered very dangerous and of doubtful issue; for there is a certain point to which evacuations may be borne, and beyond which, although the evacuations be checked, all attempts to cure by the internal or external use of remedies must prove abortive. In such cases, injection into the veins, notwithstanding its frequent failure, I do think might become generally successful by attending to the suggestion in my communication on that subject; for, from the opportunity which I have had of observing the disease, I am of opinion that death is caused, not by the operation of any deleterious agent on the system, but directly from an excessive and sudden drain from the circulating fluids. The cause, whatever it may be, is not in itself dangerous, independent of evacuations. I am of opinion that, generally, death ensues from inanition, and on this ground I found my confidence in the utility of direct repletion by injection into the circulating system.

I cannot enter my protest too strongly against considering spasmodic cholera a congestive disease, all *post-mortem* appearances to the contrary notwithstanding. It requires no extraordinary skill in reasoning to account for the *post-mortem* appearances on other and more satisfactory grounds; but facts in practice are better and more satisfactory, especially

to our patients. The doctrine of congestion, unconnected with practice, might well enough be left to sink of itself into oblivion ; but wherever the disease has appeared, it has led to the practice of venesection, which, in despite of the eminence of its advocates, and the plausibility of their arguments in its favor, is productive of the most disastrous consequences. It matters not that some patients have been bled and have recovered. This proves barely that the patient was able to withstand both the disease and the bleeding. No course of practice can be relied on until many fair trials have been made with pretty uniform success. The practice of administering diuretics on account of the suppression of the action of the kidneys, is, for obvious reasons, equally preposterous, but by no means so dangerous. When the evacuations from the bowels are arrested, in the majority of cases, the kidneys resume (gradually) their proper functions. I have only had two cases in which diuretics were necessary.

I submit the above, together with the communication, for your consideration. If you think they may be of any use, you may insert them in your Journal in such form as may be most convenient for yourself. As the symptoms of the disease are well enough known to practitioners, they may perhaps with propriety be omitted.

Yours respectfully,

*Napierville, Canada, Oct. 20, 1832.*

DANIEL EASTMAN.

[As suggested by Dr. E., the symptoms of the disease are here omitted.

Such, Sir, is the disease that has lately committed the most appalling devastation in this parish (St. Cyprian) ; and, formidable as it may appear to be, I have good reason at present to consider it, in nearly every instance, a disease completely under the control of medicine, if administered soon after the accession of severe purging ; and that those who read this may be enabled to judge of the propriety of this apparently bold assertion, I give my views of the disease, my practice, in connection with my reasons for the same, and the results.

Having been led to consider the disease as highly congestive, by our transatlantic brethren, or rather fathers, as well as by practitioners in our own country, I commenced, as by them recommended, by bleeding my patients, as affording the most obvious means of relief, when I could do it at the onset of the disease ; but was soon constrained to abandon the practice. I gave opium both in small and large doses, combined with calomel and antimonials, as recommended by Dr. Good, camphor, ammonia, stimulating and volatile potions, the essential oils, applied heat in various ways, with rubefacients to the stomach and abdomen, directed friction with various hot substances, &c. &c., but had the painful mortification of being obliged to relinquish all confidence in the entire routine of treatment that I had adopted, finding that only a very few cases of the disease terminated favorably, and that the recoveries appeared to be rather the result of accident than of good practice.

Finding myself in this dilemma, and my patients in a still worse one, I applied myself to the study of the facts that presented themselves in the disease, rather than the invention of new prescriptions, which would only be to grope my way in the dark ; and came to the conclusion, that the disease is one of debility in proportion to the quantity of fluid evacu-

ated, and the capability of the patient to bear the loss, which is that of the circulating fluids of the system poured out from the open mouths of the minute vessels into the alimentary canal: that although colic is frequently present, the peristaltic motion of the bowels is not increased from any other cause than distention, in the same manner as it would be from enemata of warm water, and that the obstinacy of the subsequent symptoms bore an exact proportion to the loss sustained by the system generally. Hence the inutility, and even injurious effects, of bleeding. Large doses of opium, or of any of its preparations, are also objectionable, because they produce a stupifying effect, nausea and debility, all which should be most sedulously avoided, and because there is no useful purpose to be answered by their administration. Moderate doses produce a gently exhilarating effect, and suffice to subdue the colic when present. Alcoholic and volatile stimulants are too pungent for the stomach, already too irritable, are transitory in their effects, and exhaust rather than augment the vital energies. If given at all, they should be in very small doses, rather as cordials and auxiliaries than as principals, but in most cases they had better be entirely excluded; at any rate, they may be safely neglected. Antimonials are injurious, because they produce nausea and irritate the bowels. Camphor in small doses might not be objectionable, but I have done very well without it. Ammonia and the volatile oils, in large doses, are liable to the same objections as other stimulants, and I prefer to occupy the stomach with other remedies better adapted to the cure of the disease, and avoid embarrassing this organ with a variety of remedies, lest it reject the whole. The application of heat is in my opinion objectionable, excepting where the surface is cooler than natural, which is generally the case with regard to the limbs, but the body is seldom below the natural temperature at the commencement of the disease; heat about the body, and a heavy weight of bed-clothes, oppress and exhaust the patient. Friction in the most of cases is nearly a useless operation, as the fatigue and agitation of the patient which it causes, both in body and mind, counterbalance all the good effects that may be expected to result from it. To relieve the spasms, firm extension by grasping the heel, and pressing the palm of the hand against the toes and the foot, with pressure, by firmly grasping around the bellies of the contracted muscles, afford much more effectual relief than friction. Friction, with a view to produce perspiration, is unnecessary; for, in a severe case, before the effusion into the bowels is checked, I doubt whether a warm, healthy perspiration can be procured. In a mild case, there is but little trouble in effecting a cure without it. In all cases, I prefer a dry, warm skin during the continuance of the evacuations. In not a single instance have I known a perspiration to relieve the symptoms; in every case it was the result, not the cause, of the cure.

I come now to the particulars of my own practice. My first dose is a grain of opium, generally in fine powder, in combinations with twenty grains of calomel and a teaspoonful of ground ginger, mixed with a little sugar and water. The opium in this moderate quantity is an agreeable stimulant, somewhat permanent in its effects, allays irritability, an invariable concomitant on severe evacuations, soothes the uneasy sensations,

raises the sinking spirits of the patient, and relieves the colic when present. If this last symptom continue, I repeat the opium in minute doses, generally in the form of paregoric, until the pain abates. I give the calomel because there is an entire absence of bile in the ejected fluids, the remedy being generally useful in emulgizing the biliary cavities, and is most decisively beneficial in common diarrhoea in substituting healthy for diseased action. The ginger is a warming aromatic, is permanent in its effects; sustains the action of the heart and arteries, and produces a dry, warm surface. The administration of this dose is generally attended with complete relief within fifteen minutes of the sensation of "floating," excepting in the bowels, which are also partially relieved. The feeling of sinking and prostration materially abates, warmth is communicated to the stomach, and the pulse and temperature of the extremities are elevated. In many instances the patient says that he feels as if a current of hot water was passing from his heart throughout the whole system, to the ends of his fingers and toes, accompanied with pricking in the skin and flesh. Unless complete relief be given by this dose in a few minutes, which, indeed, seldom happens, I give thirty, frequently forty, grains of the extract of catechu in fine powder, and continue rapidly to repeat the remedy, in frequency and quantity, as the urgency of the symptoms may require, till the evacuations wholly cease. Catechu is a very powerful astringent, of uniform strength, and on astringents I place my main reliance. The effusion from the open mouths of the minute vessels into the bowels must be absolutely restrained, or the patient will absolutely die; and I know of no more likely means of effecting this, than to apply a corrugating substance directly to the relaxed surface. It appears also to act by sympathy, both in the bowels and skin; for before the remedy has apparently passed from the stomach, the bowels are perceptibly relieved, and the skin becomes dryer and warmer. The first dose (calomel, &c.) with eighty grains of catechu, divided into two or more portions, will in most instances arrest the disease. When it does not, I give a teaspoonful of the decoction of oak or hemlock bark, evaporated to the consistence of syrup, every five, ten or fifteen minutes, as the case may require, until it arrests the purging. I have known a tablespoonful of this decoction, with a teaspoonful of paregoric, given at a single dose immediately after the calomel, to arrest the disease, although the spasms were severe both in the upper and lower extremities. When the stomach is very irritable, the astringents had better be given in the form of pills, being more easily taken, and consequently less liable to be rejected. In some instances, I have known a distressing nausea to be followed by the rejection from the stomach of an intensely acid fluid; in such cases a few doses of the prepared chalk will afford very signal relief. The patient will derive some advantage, also, from the application of a large blistering plaster, sprinkled thickly with pulverized capsicum, over the seat of the most pain, whether it be in the stomach or bowels—the surface where it is applied being previously wet with warm water. When there is much restlessness, the compound assafoetida pill, or clear assafoetida in the form of a pill, is a useful remedy.

After the action of the bowels has been kept in check six or seven

hours, it generally commences again, sometimes with no ordinary degree of violence. If the dejections be black or bilious, an occasional motion is admissible; if watery, they must be immediately checked, and the decoction of oak or hemlock bark four parts, combined with paregoric one part, in moderate doses occasionally, is generally all that will be necessary. When the bowels do not act spontaneously, which, indeed, rarely happens, a laxative of the mildest kind should be given in divided doses, in order to solicit a motion in the most gradual manner; as a quick motion, although not copious, produces a distressing faintness, somewhat difficult to remove and unpleasant to endure.

I subject my patients to rigid discipline from the commencement, enjoin a recumbent posture, prohibit motion, even of the limbs, direct the covering to be only sufficient to make the patient comfortable, and, as the extremities are usually cool, additional covering and warm flannel may be applied to them. Heat applied to the trunk, as I have already stated, is injurious unless the surface of the body be cool. Motion increases the nausea and agitation of the bowels. As the vomiting and consequently the thirst is generally proportioned to the quantity of fluids taken into the stomach, I allow no other drink than a spoonful of broth once in half an hour, till the remedies have arrested the disease, when, of course, a gradual increase of nourishment is admissible and necessary.

Since I commenced the mode of treatment herein described, I have not yet lost a patient that made immediate application for assistance, on the accession of severe purging. Out of more than seventy patients, I have lost but ten (two of which were under two years of age), all of whom neglected to apply for remedies till they were nearly in a dying state, or were stubbornly mismanaged by the attendants. Previously I had had ten cases, five of which gave me a fair opportunity of testing the efficacy of the remedies which I made use of, and but *one* recovered. My patients have all been at distances within eight miles, and therefore could not procure assistance in many instances before the spasms had commenced in the toes, and in several cases severe spasms in all the limbs had existed some time previous to the reception of medicines.

With regard to the treatment of the premonitory symptoms, very little need be said, as there is not much necessary to be done. Fifteen or twenty grains of the blue pill, or the same quantity of calomel, followed with ten grains of the pulvis opiatum combined with an aromatic, and an astringent if necessary, will generally suffice. If, however, the bowels are frequently pouring off a watery fluid, the treatment should be reversed; and as a sudden check should be put to the discharges, the first remedy should be in the liquid form. For this purpose, three drachms of paregoric, combined with twenty grains of catechu, or its equivalent of some other astringent, answers very well. This treatment will seldom fail of success.

Relative to the supervention of febrile symptoms, on the cessation of the evacuation, I can say nothing from experience, not having known of any occurrence of the kind during the prevalence of the disease in this place.

As it frequently happens that medical assistance is not sought till all

prospect of the utility of the internal use of remedies is at an end, injection into the veins, as a *dernier resort*, may prove serviceable, and is well worthy of a faithful trial. In resorting to this operation, I would suggest the propriety of giving astringents internally, in order that the fluid injected, in going the round of circulation, may not be poured into the bowels and thereby render its effects perfectly nugatory.

Respecting the pathology of cholera, the above remarks are sufficient to illustrate the principles on which I found my practice, and therefore all that need be offered.

Being strongly impressed with the urgent necessity of a general radical change in the treatment of Asiatic cholera, of which the public at large must also be fully convinced by the awful mortality of the present summer, I am induced to contribute the above (necessarily imperfect, from the short portion of time that my professional duties would allow me to devote to it) to that most desirable purpose, that the disease may not ever remain equally a scourge to humanity, and a reproach to the science of medicine.

September 22, 1832.

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#### THE TREATMENT OF HYDROPHOBIA.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—In reading the account of the late case of hydrophobia in your Journal, my attention was most forcibly arrested by the quotation in the last paragraph, from Dr. James Johnson; so much so, that I have thought fit to transcribe it again, with a view of making it serve as a text or preface for a few remarks on the pathology and treatment of this intractable disease.

“ We must conclude,” he says, “ that it cannot be denied, but that the most evident indications of inflammatory action attend the symptoms, and distinguish the pathology of hydrophobia; that we have often inflammation of the oesophagus, pharynx and larynx, and occasionally of the brain and spinal cord; yet it is generally admitted that these appearances are more the consequence than the cause of the disorder, and that although frequently present with, they are by no means essential to, the existence of hydrophobic action.”

When we consider the frequency of traces of inflammation of the mucous surface of the throat, and the prominence of spasmody action in those muscles, whose normal actions are excited by impressions on that surface, the question naturally arises, whether, supposing it to be a consequence and not the cause of the disease, it may not still be owing to this complication that the disease acquires that habit of intense spasmody action which constitutes its danger and intractability. The inflammation of the skin in confluent smallpox is not the cause of the disease; yet it is that which, in 9 cases out of 10, renders the disease fatal. Nor can we see any reason for the assertion of Dr. Johnson that this inflammation is not essential to the disease when fully developed. That distinct traces of inflammation in these parts have not

been discovered in every case of hydrophobia, may be accounted for in some instances by the disease having proved fatal before the anatomical characters of inflammation were developed; in others, mistakes may have been made as to the identity of the disease; and doubtless in some instances, they may have been overlooked—the examinations having been conducted by persons unaccustomed to detect the finer shades of inflammation. I question whether every one could detect evident marks of inflammation in the larynx, in hooping cough at an early period; yet that the violent spasmodic action of the respiratory muscles in this disease is owing to an inflammatory condition of that organ, hardly admits of a doubt.

The analogy which exists between this and other specific diseases that have a stage of incubation, confirms this opinion. They all exhibit a tendency to the same parts, whether they are communicated by animals of the same or different species to one another. Now in the dog, there can scarcely exist a doubt that the parts about the throat are primarily diseased in cases where it arises spontaneously, and secondarily where it arises from the bite of another dog. And it were natural to suppose that the same parts in man would be affected in the same way.

If the disease were a general, instead of a local one, it would be impossible to account for the appearance of inflammation in the bitten part, which takes place so often and after so long a period of time. In this respect the virus acts very much like the virus of smallpox when inoculated into the system. Here we have, in the first place, a period of incubation; secondly, a period of local inflammation; thirdly, a period of reflected irritation or constitutional excitement; then a second period of local inflammation; and lastly, the constitutional effects of this. Now in hydrophobia we have the same series, only they seem more to run into each other—that is to say, the constitutional follow much sooner on the local symptoms. On the other hand, we see in vaccination the first-mentioned virus, by a very slight modification, blunted in its action, and the constitution successfully resisting the two last terms of the series. And if this difference of results, viz., the abortion of the secondary inflammation, follows from this morbid poison being a little slower in its operation in the last case, that of rabies being confessedly more active, it is easy to conceive that a slight increase of its activity might produce effects the very reverse, and give rise to a secondary, without any obvious primary inflammation, and thus account for the comparatively few cases where no preliminary symptoms are complained of in the bitten part. Perhaps the strongest evidence of its being a general disease is the extreme irritability of the whole surface of the body. But when it is considered, that this is later in appearance than the affection of the throat, that it must naturally arise from an irritation of the spinal marrow, and that dissection reveals traces of inflammation in the spinal marrow less frequently than in the mucous surface of the throat, and that, too, in that portion of the cord where the nerves of deglutition and respiration terminate, its occurrence as one of the consequences is almost demonstrated.

Having been impressed with these views for some time, I would re-

spectfully suggest to physicians who may be called to treat hydrophobia, that it is a disease of a mixed local and general nature, having two foci of inflammation and constitutional irritation, a primary and a secondary one; and that while the constitutional symptoms should not be neglected, the main hope of arresting its dreadful fatality consists in applying remedies to these seats of inflammation: and I would farther suggest, from the known efficacy of nitrate of silver in various diseases—such, for instance, as erysipelas, a local disease with severe constitutional symptoms; in smallpox, the pustules of which it stops when early applied; and in gonorrhœa, which it likewise aborts (the two last being diseases which, like rabies, arise from specific animal poisons)—that its application in a strong solution to the whole surface of the pharynx, fauces and mouth, as far as practicable, at an early period (that of commencing spasm), affords a hope of successful, while it can be productive of no injurious, results.

I am not aware that anything of the kind has ever been attempted. Two cases of recovery, spoken of in *Druitt's Surgery*—one by the administration of acetate of lead, the other by profuse salivation—may have been the result incidentally of the local effects of the lead and the mercury on the mouth, while being exhibited. With the exception of cauterizing the wound immediately after the bite, and some imaginary vesicles under the tongue, this disease has been uniformly treated as a general one, the symptoms having been attacked, while the cause has been overlooked.

And with respect to the general treatment, the substitution of chloroform for the old and approved methods of allaying spasmodic diseases, will hardly, I think, be found to be an improvement. And in this disease the difficulty of using it, and the rapid subsidence of its effects, will form an effectual bar to its long-continued employment. In the case referred to, it evidently occasioned the death of the patient. A tonic instead of a lowering plan is indicated. If any medicine is administered by the mouth, quinine in large doses would be worth trying. The act of swallowing should not be excited without a sufficient reason; and the stomach should be let alone as much as possible, that it may be able to digest light nourishment, which should be administered from time to time if the disease is protracted. The muscles of deglutition would be excited less to action, if the stomach tube could be introduced for the purpose of injecting liquids. The surface to which remedies should be applied is the mucous membrane of the large intestines, and care should be had that this membrane be kept in a state to be favorably affected by these remedies. Laudanum injections in teaspoonful doses, at intervals so as to keep the patient in a state approaching to narcotism, and if these fail, tobacco in the form of smoke, which I have found to be a safe and efficient antispasmodic, more slow and persistent in its action than the infusion, and not so prostrating. Some slight advantage might follow from an opium, belladonna, or snuff plaster, to the throat or nape of the neck.

It may be regarded as somewhat obtrusive, for one to propose a plan of treatment for a disease, a case of which he has never seen. But from

the comparative rarity of hydrophobia, the opportunities to witness it that happen to the most favored will rarely give them a title to claim anything more than a negative experience. In a disease so uniformly fatal, any experiment that affords a *faint* prospect of success is justifiable. And I would add that the increase of rabies of late in New England renders it obligatory on those physicians, who may meet with it, to give an account of their cases as soon as convenient; and instead of publishing them at the South or at the far-off West, communicate them to the Journal most extensively read by their New England brethren.

*Rockport, Feb. 5, 1849.*

BENJAMIN HASKELL, M.D.

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#### THE LATE MEDICAL DEGREE TO A FEMALE.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In the first number of the present volume of the Journal, I have observed a detailed account of the ceremonies, or which might more properly be called the farce, enacted at the Geneva Medical College by conferring the degree of M.D. upon a Miss Blackwell. Although a glowing account of the transaction is given, we are not informed whether the graduate appeared in appropriate professional costume, or is to make the metamorphosis the subject of another public exhibition, when the refined auditors may not only "hold their breath," but shut their eyes. Whatever may be the character and acquirements of this individual, it is much to be regretted that she has been induced to depart from the appropriate sphere of her own sex, and led to aspire to honors and duties which by the order of nature and the common consent of the world devolve alone upon men. And I am sorry that Geneva Medical College should be the first to commence the nefarious process of amalgamation. Hitherto an intuitive sense of propriety has induced all civilized nations to regard the professions of law, medicine and divinity as masculine duties, and by the universal acceptance of both sexes, the sterner offices and responsibilities incident to these vocations have been considered most compatible with the physical and mental constitution of the male sex. Woman was obviously designed to move in another sphere, to discharge other duties—not less important, not less honorable, not less angelic, but more refined, more delicate. Within her own province she is all powerful. She is the pride and glory of the race—the sacred repository of all that is virtuous, graceful and lovely. But when she departs from this, she goes astray from her appropriate element, dishonors her sex, seeks laurels in forbidden paths, and perverts the laws of her Maker. When some sudden emergency or imperious necessity requires it, she is justified in rendering temporary aid to the rude avocations of men; but when no such necessity demands her service, the character and usefulness of her own sex, and the general good of society, are best promoted by a proper attention to the duties of her own province. The distaff, the needle and the pencil look better in her hand than the hoe or the scythe, the trephine or the gorget. The course of "*domina* Blackwell" cannot be justified by any urgent necessity. The profession was quite

too full before, and could well afford to dispense with her services. I know we sometimes hear of runaway maidens serving in disguise in the army or on shipboard, but such heroines deserve very little commendation, and the rudest commander has always had a sufficient sense of propriety to discharge such "dominæ" as soon as their sex was known.

Would either of the other learned professions have received and graduated a female? Would any amount of study or learning have gained her admittance to the bar or the desk? Certainly not. Then why decrater the profession of medicine, and publicly disparage it? If a clique of pseudo-reformers, or some mushroom Thomsonian or hydropathic association, had conferred this degree, it would have been a matter of no surprise, because it would be in perfect keeping with their transactions. As this is first case of the kind that has been perpetrated either in Europe or America, I hope, for the honor of humanity, that it will be the last. And I trust that the high-minded members of the profession will so manifest their disapprobation of the transaction, as to teach other similar institutions the impropriety of following the example.

D. K.

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CLEVELAND MEDICAL COLLEGE.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR.—In the article on Starling Medical College, a few weeks since, it seemed a matter of doubt "whether a fragment remains" of the once well-organized medical school at Cleveland, Ohio. Will you permit me to say, through the medium of your Journal, that your doubts were well founded. It is true that not "a fragment" remains, but that it is there entire, soul and body, zealously supported by its numerous friends, and doing a prosperous business both for itself and the public. The school was organized as the medical department of Western Reserve College, and the first course of lectures given to a class of sixty-seven students, in 1843-44. In true western style, the number of students rapidly increased each year, until the fifth session, last winter, saw in attendance a class of 240 young men.

I was agreeably disappointed at the prosperity of the College, when at Cleveland, last autumn. The college edifice is a fine, substantial structure, pleasantly located in the upper part of the city, and from its dome the stranger has a beautiful panoramic view of the city, the harbor, the lake, and the surrounding country. The building is spacious and commodious, affording ample accommodations for the lectures, professors' rooms, the display of the museum, cabinet, &c.

The Anatomical Museum is rich in its illustrations, both of special and morbid anatomy, whilst the various cabinets have been collected at no small expense, and arranged with great taste and care. Dr. Mussey's colleague, the lamented Worcester, finished his labors at this institution, and few young men ever lectured with greater acceptance or success. His departments were Physical Diagnosis and General Pathology, which have since been divided between Professors Delamater, Sen., and

Kirtland. Our old friend Dr. Delamater now fills the chair of General Pathology, Midwifery and Diseases of Women and Children.

I was extremely gratified, after so many years, to find the doctor in such good health and spirits. His love for teaching, and enthusiasm for the advancement of medical science, and whatever else may conduce to the welfare of humanity, seem only to have increased with his years.

*Boston, 5th Feb. 1849.*

DANIEL V. FOLTS.

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PUERPERAL CONVULSIONS TREATED WITH CHLOROFORM.

BY G. J. HARDING, M.D., HEALTH OFFICER, ST. JOHN, N. B.

[Communicated for the *Boston Medical and Surgical Journal*.]

Mrs. P——, aged 43, within six months (?) of the period of her confinement, and her first child, was found in the morning lying on the floor insensible, in a fit—when her husband arrived to breakfast—and the paroxysms continued every hour, until evening, when I saw her, in the country, where she resides. On visiting her she was speechless and insensible, with strong convulsions every half hour. At that time no appearance of labor, and in this state she remained during the night, being frequently convulsed; having been freely bled, and had a large dose of calomel, and a turpentine enema, with cold applications to the head during the night, without any beneficial effects. In the morning, at 9 A. M., the labor commenced, and a strong fit, during which I gave her the chloroform, as an antispasmodic, and she was immediately relieved from the convulsions, and continued so for four hours, the labor pains continuing every five or ten minutes, and were assisted with ergot. On having another attack of the spasms at 1 P. M., I gave the chloroform again, which appeared immediately to check it, and she was not attacked again with any further convulsions; and at 4 P. M. I delivered her. In twenty-four hours afterwards she spoke to her husband in a rational manner, and has since recovered. I feel satisfied that the chloroform had a beneficial effect in this case in removing the convulsions, as they would not have otherwise subsided until the woman was delivered.

I have not heard of the chloroform being previously administered beneficially in such a case. Indeed my friend, Professor Simpson, of Edinburgh, who was kind enough to forward me his work on its general use in common obstetric cases, does not give any observations respecting it in similar cases as here noted. I have, therefore, sent the particulars, if you think such worth noticing in your Journal.

*St. John, N. B., Jan. 23, 1849.*

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SALIVARY CALCULI.

[Communicated for the *Boston Medical and Surgical Journal*.]

In a memoir of 1846, published by M. Stanski, it is stated that observers have been mistaken as to the nature of substances extracted from the salivary passages. Having met once a concretion, the nucleus of which was

a tooth, he supposes that the various calculi usually found in the salivary apparatus owe their origin to a similar cause. But with this view M. C. Torget does not agree. This gentleman, in a collection of 39 cases, proves that these calculi may occur without even the trace of tooth or any foreign substance accidentally introduced into the salivary glands. The following case is interesting, as it not only exhibits the truth of M. C. Torget's observations, but it also shows the great liability of erring in our diagnosis of diseases of the salivary glands, since physicians seldom meet with calculi in these organs.

Mr. Horne, aged 42, had been for several years past afflicted with what was supposed by his physicians to be an inflammation of the glands of the neck. The disease was situated near the angle of the inferior maxillary bone, upon the left side. Mr. H. states, that for 12 years he had occasionally been troubled with an enlargement of the neck externally and internally, causing him much pain and inconvenience in deglutition. It generally became inflamed as often as once in 5 or 6 months. At these times, the inflammation was usually severe: there was redness of the skin of the neck over the parotid gland, which seemed to indicate that suppuration would ensue—the tongue was swollen—the saliva ran more freely than ordinary, of an extremely pure appearance; and there was considerable constitutional disturbance. This state of things continued for five or six days, causing no little suffering and distress to the patient. He remarks that the inflammation was accompanied with the most excruciating pain, which more than once determined him to have an incision made into it, but the shortness of its continuance caused him to act otherwise.

During the intermission of these exacerbations, the patient complained of no pain, nor any difficulty from the presence of this calculus, except in yawning, or when he opened his mouth suddenly; and even then only a slight "pricking sensation," as he terms it, "as if something was wrong within the muscles of his neck."

Things remained thus till October, 1848, when one day Mr. H. felt an unusual sensation at the roots of his tongue—a giving way—or, as he expresses it, "the substance (the calculus) seemed to jump from its long residence into his mouth." Fearful lest something was wrong, he called his wife, and requested her to see what was the cause of this singular feeling at the roots of his tongue. She immediately came, and found the larger end of the calculus projecting a little from the side of the mouth, which was easily taken out. Since that time he has had no recurrence of inflammation, nor any of the trouble which he had always experienced from the presence of this calculus. It was of a conical shape—and its dimensions are as follows:—1½ inch in length; circumference of the larger end, 1 4-27 inch; that of the smaller end, 3-8 of an inch. Its weight is 20 grains. There is no trace of a tooth in this substance. In fact Mr. H.'s teeth are perfectly healthy—never having lost one of his secondary teeth; and he has also the requisite number. The calculus is composed of calcareous matter, principally carbonate of lime. It is formed of concentric layers of a white and grayish appearance, very hard, and firmly compacted.

In conclusion, we would remark that Mr. H.'s health has been very good up to this time—has never been troubled with any other affection, for twelve years past. Prior to 1836, he states, he had occasional attacks of rheumatism, which have never disturbed him since the existence of this calculus.

T. J. W. PRAY.

*Dover, N. H., 1849.*

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#### PREVENTION OF BALDNESS

*To the Editor of the Boston Medical and Surgical Journal.*

SIR.—The remarks published in your Journal of the 7th ult., on the probable causes of baldness, induce me to call your attention to the accompanying bark, which I procured whilst at Manilla, denominated by the inhabitants of the country where it is produced gole gole, or more commonly, go go—whilst I lay before you the best information I have been able to procure of its uses and properties.

Gole gole, or go go, is a production found on several of the Philippine Islands. It is the innermost bark of a tree (no other name but go go seemingly known among the Indians who collect it), and is procured in the spring months only, in strips two feet long, which after a few days' exposure to the sun, are tied into separate hanks, each weighing on an average one and a half ounce, when it is ready for the market. The Indians who convey this article have the privilege of landing it at a place, appointed by the authorities, without the payment of duties, where a bazaar is held for its sale in quantities to retailers. From its general use, it is frequently unattainable unless at high prices.

The Spanish ladies and mestezas make a preparation, by steeping about one fourth of an ounce of the article in eight ounces of water, to which they add a small quantity of lemon juice, when it is used for the purpose of washing the head and hair, which it instantly cleanses and acts upon as a stimulant. It is likewise used as a cosmetic, prepared in a similar manner; and is applied to the body, by all classes of persons, when they resort to the bath. The bark itself is used in the same manner as a rubber, with the most beneficial effects. Probably from its astringent properties, I find that its use on the head prevents, in a few days, that loss of hair so commonly complained of; and again, from its stimulating properties (which will be shown by one application) will it not be found more beneficial than the numerous preparations now offered as a preventive to baldness?

What appears surprising, is, that an article so generally used in the place of its growth has not hitherto found its way to this country in quantities, as I have found but very few cognizant of it or its manifold properties.

JAMES WELCH.

*Boston, Feb. 12, 1849*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON. FEBRUARY 21, 1849.

*American Medical Association.*—The next annual meeting of the American Medical Association will be held in Boston, on the first Tuesday in May, 1849. We trust that our medical brethren, throughout the Union, will bear this in mind, and send delegates in such numbers that the whole profession may be fairly represented. As some may not know what bodies have the right to send delegates, we subjoin an extract from the Regulations. “The *delegates* shall receive their appointment from permanently-organized medical societies, medical colleges, hospitals, lunatic asylums, and other permanently-organized medical institutions of good standing in the United States. Each delegate shall hold his appointment for one year, and until another is appointed to succeed him, and shall participate in all the business and affairs of the Association. Each local Society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted Medical College or chartered School of Medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized Medical Institution, of good standing, shall have the privilege of sending one delegate.” N. B. Those who have been once delegates are permanent members, and have the rights of speaking, &c., but not of voting, at the meetings of the association.

It will be seen, by this extract, that the founders of the Association intended to form no exclusive society, but one founded upon a most liberal basis. It will be seen, for example, that the local county and district societies in this State have each a right to send delegates, in addition to those sent by the Massachusetts Medical Society; all societies of medical men, who have united for “Mutual Improvement,” or for “observation,” or for any purpose connected with and for the advancement of the medical profession. We understand that arrangements are in progress for the reception of any number of the profession that may choose to visit us on the occasion of the Annual Meeting. Of these arrangements we shall speak at a future time. We throw out these few remarks, in order to draw the attention of the medical public to the meeting, and to invite our Massachusetts brethren, one and all, to join cordially with the Committee of Arrangements in giving a hearty reception to their medical associates throughout the land. In conclusion, we would refer to the advertisement of the Committee, which will be found in our advertising columns.

*Medical Reform Association.*—Those who know the medical character of Massachusetts, as exhibited in the lives and writings of its regular faculty, may be surprised, through some irresponsible channel, to hear of the organization of a Society in Boston to reform the profession! Accidentally, the fact has just been discovered, that on the 4th of January a delegated meeting was held at the Tremont Temple, where business of grave

import was transacted by a collection of persons, under the name of the Bay State Medical Reform Association. A publication of the names of these staunch champions of reform would astonish the intelligent part of every city and town in the Commonwealth. The idea that such men indulge the idea of effecting any change, unless upon themselves, is extremely ridiculous. There is but one individual in this catalogue of sturdy revolutionists, recognized as being prominent even among medical levellers, and his ambition prompts him, unquestionably, to be a king of ignoramus, with a view to rising into some kind of notoriety. In Massachusetts, with all her colleges, schools of medicine, splendid hospitals, infirmaries, dispensaries, &c., most of which are richly endowed, and under the management of medical gentlemen eminent for their skill, experience and position in society, what kind of a reformation does the Bay State Association contemplate? Surely it can be nothing short of removing from their places those who are giving a lustre to the institutions confided to their care, and putting themselves in the vacant seats. If a reformation in the details of practice, simply, is the great idea that has called for the associated wisdom of this assembly of delegates, the first movement should be among themselves—since if any order of practitioners need to be improved in any conceivable respect, that to which they are supposed mostly to belong is the one.

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*Births, Deaths and Marriages in Massachusetts.*—The seventh annual report of this registry is given to the public in a legislative document, that must necessarily be exceedingly imperfect till some strong inducement is held out to encourage exact and perfectly accurate returns. The true way of getting at the truth and the whole truth in these matters, is to pay those persons, ordinarily town clerks, city clerks, &c., a generous fee for the labor required of them; otherwise, the legislature may enact laws in regard to the matter till the day of doom, and approach no nearer the actual state of things than when the registration law was first promulgated. We have heard these gentlemen say that it was more economical for them to pay the fine of ten dollars than to collect and transmit births, deaths and marriages in their district—it was unrequited labor, that hardly would bring an acknowledgment of thanks. Mr. Calhoun, the present Secretary of State, reasons admirably upon the importance of statistical information on these points. "To improve man's physical condition, and thus contribute to his moral advancement, is the great purpose of the statistical views and facts, which the law strives to bring to light." There is a regular annual lamentation in high places over the imperfection of the registration returns, but not a single effort put forth to remedy a defect that a thousand dollars, proportioned to towns and cities according to their population, would speedily accomplish. This very argument, the most cogent of any, where men estimate the value of time by money, has been repeatedly urged upon the consideration of the law makers, but without effect.

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*Health Regulations at Washington.*—A wise code of sanitary regulations is in operation at the city of Washington. Dr. Thomas Miller is president of the Board of Health, and from his experience and extensive practical knowledge of the duties of guardians of the public health, it would be passing strange if the doings of the Board were not guided by intelligence, common sense and humanity. The Washington Board of Health

require physicians, in giving certificates of deaths, to designate, first, the causes of deaths by the right names—"such as have the same meaning at all times and in all places." Secondly, such names are to be used as will give a clear definition. Popular names may be used, but where no popular name in a single word is found, a technical or scientific term should be preferred. When poisons have been the cause of death, physicians of the city are required to insert the time which elapses between the administration and the termination of life, as nearly as possible. The oversight which the Board exercises over vacant lots, accumulations of standing water, decaying edifices, the existence of various nuisances, &c. &c., would seem to be sufficient to maintain the public health, as far as it is possible through human agency.

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*Medical Systems, Medical Science, and Empiricism.*—Such is the title of a profound discourse by Thomas Hun, M.D., Prof. of the Institutes of Medicine in the Albany Medical College. It was an introductory lecture, given at the commencement of the late term in that institution. The manner in which it is printed is very creditable to the good taste of the Albany press, since neatness in typographical execution is really of immense consequence to the reputation of an author, although the latter is in no way responsible for the slovenly work of a printing office. Dr. Hun has written clearly and comprehensively on the three topics embraced in the discourse, viz., "Medical Systems, Medical Science, and Empiricism." "Systems and vague speculations," he says, "have now passed away from medicine, and have been succeeded by positive science, founded on observation and experiment. In place of an art founded on systems, we have now an art founded on the science of man in a state of health and disease; that is, founded on physiology and pathology. We no longer inquire into the essence of life, nor into the nature of the vital principle; nor do we look for an initial principle by which to explain the phenomena of health and disease—but we study these phenomena, analyze them, seek for their relations, and express these relations by general laws." There is an air of cheerful devotion to the great interests of humanity running through the pamphlet, which exhibits, in an excellent degree, the duties of physicians, while it teaches them how to study to be most serviceable to society. With such unremitting efforts as have been made to raise the medical character of the country, by those who are prominent in the schools of medicine, in the production of admirable treatises, like the one to which these observations refer, it will be a sad reflection, in the end, if empiricism becomes predominant. Although several State Legislatures are giving their sanction to it, by chartering mongrel institutions, in which neither science nor common sense are recognized, such streams of medical literature are flowing over the land, that a hope may be indulged of the ultimate triumph of rational principles in medicine, and the overthrow of every kind of imposition which wars against them.

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*Medical Transactions, Southern New York.*—A spirited body of practitioners, in the southern central part of the empire State, have been actively engaged in garnering professional knowledge, and brightening their own armor, from one period to another, till their efforts for carrying onward and upward the science of medicine, are witnessed with feelings of pride by

their professional brethren in other and distant places. The last meeting of the Association was in June, but through some unexplained cause, the printed transactions were but recently distributed. Dr. Miles Goodyear, of Cortland, is President. Essayists for the next annual convention, are Drs. C. L. Washburn and G. A. Barnes, of Broome; Drs. R. Wilcox and S. C. Green, Chemung; Drs. C. Green and C. M. Kihgman, Cortland; Drs. R. O. Crandall and H. N. Eastman, Tioga; and Drs. D. E. Bishop and J. S. Briggs, Tompkins. A session of two days must have afforded the members an opportunity for a social interview, which ought to be generally encouraged, with ample time for the despatch of the legitimate business of the Association. Among other collections of thoughts and practical suggestions in the published transactions, Dr. Green's method of producing collodion is worth recollecting, and is as follows. Pure nitric acid of the shops, 2 3; commercial sulphuric acid, 3 3—mix and allow to cool. Pure cotton, 15 grs. Press the cotton with the acids—incarcerate thirty minutes and then wash it in repeated waters and dry it in an oven or the sun. Make a solution of it in four fluid ounces of sulphuric ether. Some good papers were read. Dr. Hyde, of Cortland, read one on lumbar abscess; and Dr. French, of Lisle, one on epidemic dysentery. One of the prominent items for consideration at the next meeting, will be a report on the qualifications for commencing the study of medicine.

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*Beaufort, Canada, Lunatic Asylum.*—A board of managers, wholly of the medical profession, recently made a report to the commissioners, of the condition and prospects of the temporary lunatic asylum near Quebec. Such matters are conducted in the British Provinces far better than in staid New England, where it is the fixed policy of those having control to keep medical gentlemen at a respectful distance from lunatic hospitals. Any one is better than a physician, according to the present system of management. J. Douglass, M.D., J. Morrin, M.D., and C. Frement, M.D., the managers, would inspire confidence in any community. Dr. A. Von Iffland is the resident physician.

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*Medical School at La Porte, Ind.*—The class at this school the present session has numbered 120—and the number of graduates, the last of this month, is expected to be over 20. A new building has been constructed, at a cost of \$6000, which has nearly all been paid. More than one half the class the last season took the dissecting ticket, and the material has been abundant.

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*Tobacco in the Treatment of Cholera.*—Dr. John W. Moore states in a Mobile paper that he cured 100 or more extreme cases of cholera, not losing one, by the use of tobacco. He administered it in the form of an enema of the strength of one drachm to the pint. He first tried it upon a negro whose pulse was gone, his tongue cold, and his muscles so rigid that he rested on his head and heels. In five minutes he was relieved, and the cure was perfected by drinking a decoction of senna. In his own case Dr. Moore took into his stomach a spoonful of the tobacco decoction, with perfect relief from cramp and diarrhoea. He has no doubt that cholera may be as easily managed as the fevers of our country.

**Medical Miscellany.**—There are in the State of Massachusetts 7413 foreign paupers, supported by a tax on the industrious people of the Commonwealth, 6707 being from England and Ireland, but nearly all from the latter country, with a perpetually increasing influx of the same destitute beings. Of this class 1494 arrived in 1848—and not only are, but probably will always remain, a public expense.—Word comes that there is much sickness among the emigrants in California.—A bill has been reported in the U. S. House of Representatives to prevent the patenting of medicines.—Two medical students, of Toronto, Canada, were recently shot, one badly, by the soldiers of a regiment stationed there. It appears that the soldiers suspected that the bodies of their dead companions had been stolen from the grave yard. They watched and caught the two students on the spot, with their implements, spades, picks, bags, &c.—A Dr. McCurdy, of Alabama, claims to have made a discovery, through chemical agencies, to render an iron wedge buoyant in water! He has been lecturing in Mobile on the subject, and says that the most important practical uses can be made of the discovery.—Dr. Jarvis, of Dorchester, is to give the annual discourse before the Massachusetts Medical Society, the present year.—A great class is in attendance at the Starling Medical College, Columbus, Ohio.—Dr. S. Wilson Kellogg has been promoted to a Surgeon in the Navy, in place of the recently deceased Dr. J. Vaughn Smith.—Dr. Charles Martin has received the appointment of Assistant Surgeon in the Navy.—The fees of the Sardinian physicians are fixed by law. Ninepence is the charge for a short visit. In China a salary is paid to the physician while the patient remains in a state of good health.—A Mr. Yates died a few days since in Manchester, Ohio, aged 113 years.

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**Remittances of Money by Mail.**—Three instances have recently occurred, of money, directed to the Journal office, being purloined from the mail—which, together with a similar case last year, render it necessary to say a few words on this mode of forwarding payments. The above remittances were all from the State of New York, viz., three from towns north of Albany, and the other from the central part of the State, and amounted to more than \$50. Part of them were directed to the editor, and the others to the publisher of the Journal, and would therefore, had the letters reached here, have been placed in different boxes at the post-office, thereby lessening the probability of their being stolen after distribution in Boston. From the circumstance of the cases occurring so nearly in the same locality, and no others having come to our knowledge, it is pretty evident there is a risk in that particular route which does not exist elsewhere. Every means will be taken to ferret out the place of these depredations and the parties concerned. The Post-Master General and the deputy post-masters have been urgently applied to, and we request subscribers in that section of country to aid us in a matter in which all are interested. In the mean time, it is suggested that other modes of remitting money—either by express or private hand—be adopted by subscribers in the State of New York.

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**MARRIED.**—J. H. Brown, M.D., of West Newton, Mass., to Miss S. R. P. Richardson.—De Witt C. Worden, M.D., of Fayetteville, Onondago Co., N. Y., to Miss M. W. Wild.—J. E. Bartlett, M.D., Somerville, Mass., to Miss C. Tufts.

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**DIED.**—At Plymouth, Chenango Co., N. Y., Dr. Ira Sheldon, a native of Rupert, Vt., an eminently good man, 65.—In Windham, Ohio, Dr. J. Augell, 67.—At New Iberia, La., of cholera, Dr. Eugene Weld, formerly of Brunswick, Me., 14.

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**Report of Deaths in Boston**—for the week ending Feb. 17th, 90.—Males, 43—females, 47.—Of consumption, 10—scarlet fever, 15—lung fever, 8—croup, 9—typhus fever, 5—erysipelas, 3—disease of heart, 3—measles, 4—Inflammation of the lungs, 4—unknown, 4—burns, 1—teething, 2—dropsy, 1—old age, 2—dropsy on the brain, 2—child-bed, 1—hooping cough, 2—disease of the bowels, 2—infantile, 1—convulsions, 2—starvation (on shipboard), 1—apoplexy, 2—smallpox, 1—marasmus, 1—tumor, 1—accidental, 1.

Under 5 years, 41—between 5 and 20 years, 12—between 20 and 40 years, 16—between 40 and 60 years, 16—over 60 years, 5.

*Medical Staff of the U. S. Army.*—Those who have watched the official course of the present indefatigable Surgeon General, Dr. Lawson, must acknowledge his efforts to place the medical military service in a position as commanding as possible. He seems never to have forgotten that the members have rights, individually and collectively. The following Circular will be read with interest by the profession generally, and is therefore transferred to the pages of the Journal.

*Surgeon General's Office, Feb. 7, 1849.*

SIR,—The position to which the Medical Staff of the Army has attained after a long struggle against prejudice and error, and in opposition to views entertained by some high in authority, is a gratifying illustration that “truth is powerful and will ultimately prevail.”

The Officers of the Medical Department may now rest satisfied that their position in the Army cannot be successfully assailed by arguments addressed to the reason; and that if driven from the ground they now occupy, it can only be through the temporary triumph of prejudice and authority over truth, reason, and justice. Conscious of the soundness of their claims to military rank, the members of the Corps will hold themselves prepared to meet any issues which may arise between themselves and others in authority; and appealing to law and regulation, resolve “to ask for nothing but what is right, to submit to nothing that is wrong.”

While it is confidently anticipated that the senior officers of the Department will be governed by a sound discretion, and always pursue the course best calculated to secure their rights, it is deemed expedient to call the attention of its junior members to some considerations which may aid their inexperience and lead them to a correct appreciation of their military position.

On the day of his appointment, an Assistant Surgeon is invested by law with the rank of First Lieutenant. This rank will give him precedence, (except where military command is implied,) of all Second Lieutenants, and of all First Lieutenants whose appointments as such date subsequent to his own commission.

On all details, then, for Courts Martial, Military Boards, and other mixed commissions where military command is not involved—each member acting independently, and giving his vote free from military control—the rank of the Medical officer will take effect; and against any order convening such Boards, &c., which embraces him in the detail without a recognition of his military position, it is his duty firmly yet respectfully to protest.

It is enjoined upon all Medical officers to take, in a conciliatory spirit, a decided stand upon this point at the very outset; and for the reason that encroachment promptly met will be more promptly checked; while any evidence of irresolution, or want of confidence in the correctness of their position, might lead to further aggression.

The time is propitious for the acknowledgment of the claims of the Medical Staff to a specific military position. During the late war with Mexico, their conduct in the field was the subject of high commendation; and there is a current of feeling in their favor which, if not diverted from its course by acts of indiscretion on the part of the officers themselves, will go far to remove the prejudices which have hitherto opposed the recognition of their rights.

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